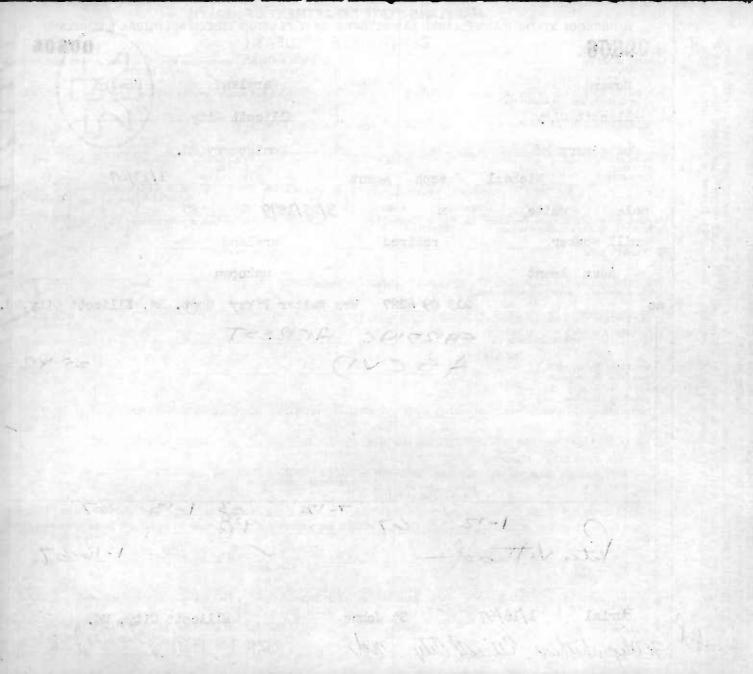
	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
	00806 CERTIFICATE OF DEATH	0806
1	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Reside a. STATE b. COUNTY	ence before admission
ı	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Howard C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	give nearest town)
l		3.1
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ### Filicott City d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Montgomery Rd Montgomery Rd.	YES NO
	3. NAME DF First Middle Last 4. DATE Month D	Day Year
_	(Type or print) Michael Joseph Ament DEATH 1/13/67	19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YE last birthday) Months Day	
,	male white WIDOWED DIVORCED 3/25/1879 87 yrs.	
	10a, USUAL OCCUPATION (Give kind of work done done life, even if retired) 10b. KIND DF BUSINESS DR life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZI CDUNT	EN OF WHAT TRY?
	mill worker retired Maryland	
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Adam Ament unknown	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)	
1	no 213 09 6287 Mrs Walter Pikey Mont. Rd, Ellicot	
	0	NTERVAL BETWEEN DNSET AND DEATH
	PART I. DEATH WAS CAUSED BY: 1/224 IMMEDIATE CAUSE (a) EARDING ARREST	
	7000 DUE TO DUE TO	25 YRS
	gave rise to immediate	7 110-
	cause (a), stating the DUE TO	
	Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1	19. WAS AUTOPSY
5	TA T	PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	
) (State)
	Hour a.m. While Not While factory, street, office bldg., etc.)	
		* that (1) (wa) lan
	21. I certify that (I) (this hospital) attended the deceased from 7-12, 1967, saw the deceased alive on 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and that death occurred at 90, from the causes and on the deceased from 1967, and the deceased from 1967	that (I) (we) last
	22a. SIGNATURE 22b. DATE	
	M.D. PHYS. MED. STAFF 1-16	-67
	22c. PHYSICIAN'S 22d. ADDRESS	
	NAME (Type)	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county,	(State)
2	REMOVAL (Specify) 1/16/67 St Johns Ellicott City, Md.	
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. RECISTRAR'S SI	ICNATURE
	Here whythou Client City may DAJEAN 18 1967 Junes	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY Maryland Howard

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 176 Main St. NO DATE Year Last DEATH Jan. 16, 1967 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. Days Months Hours Jan.5,1891 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore Co. Md 14. MOTHER'S MAIDEN NAME Sarah Holden 17. INFORMANT Address Mrs. Mary S. Betts, Ellicott City, Md INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMED? NO IX YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (State) (County) factory, street, office bldg., etc.) and that death occurred AM, from the causes and on the date stated above. 22b. DATE SIGNED ATTENDING MED DIRECTOR ADDRESS NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Ellicott City, Md REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE .C. Higinbothom Ellicott

20M 1/65

1 1	MARYLAND STATE DEPARTMENT OF H Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STR		201
TATE	00808 MEDICAL EXAMINER'S CERTIFICATE C	OF DEATH	00808
PT. after death	I. PLACE OF DEATH O. COUNTY Howard 2. USUAL RESIDENCE O. STATE MaryLand MARYLAND	(Where deceosed lived, if institution: Reside b. COLMIY HOWARD	
	b. CITY OR TOWN (If outside corporate limits, write PURAL and give negres 1 town) ETI	outside corporate limits, write RURAL and gi	ve neorest town)
10	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	W.Main St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle Lost DECEASED (Type or print) LONNIE BROWN		Doy Year 1967 19
	Male White WIDOWED DIVORCED Nov. 4,1912	54 birthdoy) Months	Doys Hours Min.
	during most at working life, even if retired) Mill Worker Retired Vir	ginia	OUNTRY?
	Wm. Brown Sr. Mac	ey Hicks	
removol, and	The second of th	SCERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 0. STATE Maryland	
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary Thrombosis		ONSEL AND DEATH
	Conditions, if ony, which gove isse to immediate couse (o). Stoting the underlying couse lost. Out to conditions, if ony, which gove isse to immediate couse (o). Stoting the underlying couse lost.	scular disease	2 years
)	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	PERFORMED?
	200. EXTERNAL CAUSE WAS PRIMARY OCCURRED. (Enter noture of injury in CAUSE OF DEATH.		
	p.m. 19 of work of work	.)	ounty) (Stote)
	CHIEF MEDICAL	e, Undetermined monner [LEXAMINER	
2	SIGNATURE - COCCE - MOLLY WAS M.D. ASSISIANI MEI		
`	230. BURIAL, CREMATION, REMOVAL (Specify) Burial 1–18–1967 Good Shepherd	Ellicott City, M	id i
3	24. FUNERAL DIRECTOR 250. REC	1 1 8 1967 25h REGISTRAR'S	SIGNATURE

25340 . Calaba . C THE STREET N. British Const. J. M. S. Marchell, M. Landberg, M. Land Mary the Control Maria Houlton, and Sungan.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00809 CERTIFICATE OF DEATH 22 after death. funera deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Howard Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 24 hours Catonsville Elkridge = filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE bon papers within 72 ON A FARM? 514 Charing Cross YES NO] Harmons Home completely f 3. NAME OF First Middle Last OATE Month Year OECEASED DEATH (Type or print) 19 Jan.3 DECETE HONRY The law requires that the death certificate be executed AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS remove 6. COLOR OR RACE DATE OF BIRTH 7. MARRIEO NEVER MARRIEO [(ast birthday) Months Days Hours and Male White Aug. 15.1871 WIOOWEO A OIVORCEO [physician and physician please representations of the physician and physician physicia 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Paper Mill Baltimore, Md Retired 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME artending phy entire Then p n. or removal, Not Known Not Known 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address been signed by the attenthe burial-transit permit to burial, cremation, or i (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Audrey Baugher. Overhill Road Randallstowner BETWEEN CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO ANTERIO SCLEROSIS Conditions, If any, which gave rise to immediate DUE TO cause (a), stating as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? NO T YES 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) r this certification detached for the Dept. of 1 OR CONTRIBUTING | CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 120e. PLACE OF INJURY (Home, farm,) (State) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work retained by at work hould h the P 21. I certify that (I) (this hospital) attended the deceased from_ 19.66, and that death occurred at // AM from the causes and on the date stated above. DIRECTOR age 3 should lied with t saw the deceased alive on. 22a. SIGNATURE 22b. OATE SIGNED 4 may be ATTENDING STAFF DIRECTOR M.D. HOSPITAL FUNERAL director, pr 22c. PHYSICIAN'S 22d. AODRESS NAME (Type) LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) MORE IA 12 REC'O BY REGISTRAR REGISTRAR'S SIGNATURE INERAL OIRECTOR ADORESS 25a. A15 (4) 20M 1/65

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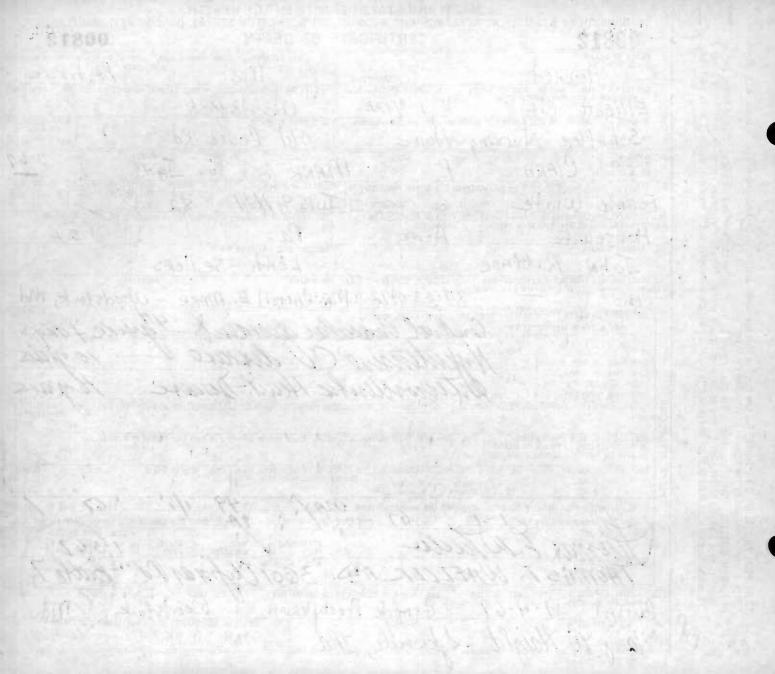
4			DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICA		MARYLAND
funeral should	M	=	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution	00810
fun fun sho	1		a. COUNTY	a, STATE b, COUNTY	: Kesidence Defore edmission)
the the			b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	Maryland Howard	1 1 1 1 1
by deed			write RURAL end give nearest town)	c. CITY OR TOWN (If oulside corporate limits, write RURAL e	and give neerest town)
es 1			Roral-Mt. Airy Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Rural - Mt. Airy	0. IS RESIDENCE
s. Pages hours aft	00		Route 3	Route 3	ON A FARM?
letel pers		3.	NAME OF First Middle	Last 4. DATE Month OF	Dey Yeer
mp pa in			(Type or print) Claude Livin 1	Ecker DEATH Jan. 3	1967
viith viith		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	
and and carl			Male White WIDOWED DIVORCED	Jan. 20, 1907 Syrs. Months	Deys Hours Min.
cate ian ian		10a	s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. 8IRTHPLACE (County & State, or foreign country) 12. C	CITIZEN OF WHAT COUNTRY?
ysic	-	00	Carpenter	Howard Co., Md.	U.S.A.
2 4	/	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ling leas			L. Vernon Ecker	Agnes Bloom	
e de			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Control of the contro	
The The	17	(Ye	is, no, or unkown) (Ilyesgivewarordelesofservice) 705-10-3186 M	Irs. Mary C. Ecker Same	Ac #2
than the series of the series			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	illo Haly of Bekel Dame	INTÉRVAL BETWEEN
ires sicia d by Derm			PART I. DEATH WAS CAUSED BY:	an there base	ONSET AND DEATH
ohy:		0	4/20 IMMEDIATE CAUSE (e) A CCITE COVOID DUE TO	asy mreachesis	I'm me al sal
w r ng l ran ran			Conditions, if any, which) (b) Arterio Selevatio	e + Hypertonsive Cardiovasa	More th
ndiin ndii seen ial-t			geve rise to immediate cause	e + Hypertensive Cardionsa	Tyedo
Thatte afte as bour bur			(e), stating the underlying DUE TO	Pr . 4 - 6 - 6	
or or the h		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY
CIA pital fical as to	2	OIT		The first of the fermion of the ferm	PERFORMED?
rior		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Pert I or Pert II of item 18.)	YES NO
HY he his ce for u		ERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Co. (Chief heldle of injuly in rest t of rest it of hell to.)	
od the				LACE OF INJURY (Home, ferm, ; 20f. (City or town) (Co	ounty) (Stete)
Aft Aft P		MEDICAL	Hour a.m. WhileNot While	ectory, street, office bldg., etc.)	ounity) (Siere)
R: de de	12.	ME	p.m. 19 et work et work		7.77
De Con			21. I certify that (I) (this hospital) attended the deceased from		
A Solucion at a			saw the deceased alive on D. 45.3.1.19.66., and the	at death occured an	
S S S S S S S S S S S S S S S S S S S			22e. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
14 19 th				M.D. PHYS. DIRECTOR PHYS.	Jan. 5, 1967
Page NERA r, page	1		22c. PHYSICIAN'S NAME (Type) W.B. Culwell	Mount Airy mis)	w/znd
Etch file		236	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	23d. LOCATION (City, town or cour	hty) (Stete)
A FORO	0		Burial 1/6/1967 Poplar Spr	ings Howard Co., M	id.
VR A15 (4)	K	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
15M 7/61	E	0	C. M. Waltz Box 241 Sykesville, N	1d. DATE JAN 6 1967 /C	harles judges
	18	_	7		U V

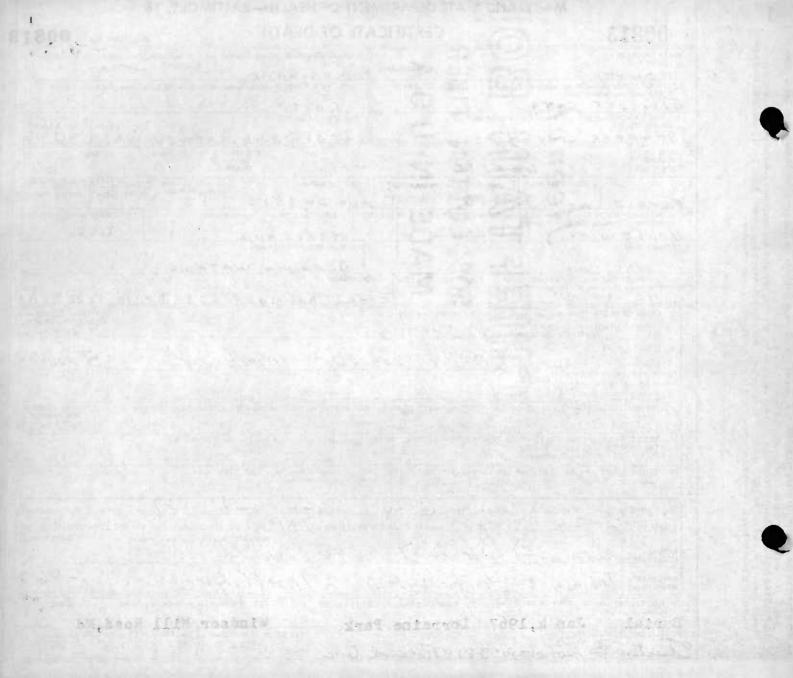
MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00811 CERTIFICATE OF DEATH 00811 requires that the death certificate be executed within 24 hours after death Pages 1 and ars after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY cian and campletely filled in by the fur ease remave carban papers. Pages 1 and in any event, within 72 hours after MARYLAND CITY DR TDWN (If outside corporate limits c. LENGTH DF STAY IN 16 c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME_OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) ALIShop 0 GAO. NO 3. NAME OF Middle First 4. DATE Year DECEASED OF (Type or print) DEATH 19 S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done (County & Store, or foreign country) KIND OF 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remova Lizzie 1. Magruder WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Road Maryland (Yes no, or unknown) (If yes give wor or dotes of service) Mrs. Marie Magruder signed by the atter burial-transit permit burial, crematian, a ues ues 18. CAUSE OF DEATH (Enter only one couse per time PART I. DEATH WAS CAUSED BY: for (a), (b), and (c).) INTERVAL 8ETWEEN IMMEDIATE CAUSE (o) be retained by the hospital ar attending physician DUE TD Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the priar ta OR ATTENDING PHYSICIAN: The law WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health p CERTIFICATION NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME DF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this haspital) attended the decreed from and that death accurred at 2:30 M, fram causes and on the date stated obave. saw the deceased alive on 22o. SIGNATURE ATE SIGNE directar, page 3 shauld be filed v M.D. PHYS. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) GON 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Burnal (Specify) Burtonsville. Maryland Burtonsville Union Cem. RESTABLY REGISTRAR VR A15 (4) 25M 1/67

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L. Marce Marceller Halfall Miller		Vac WV 1
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2	1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	RE 1. MARYLAND
0	2 202	00812 CERTIFICATE OF DEATH	00812
	death.	1. PLACE DF DEATH a. COUNTY 1/ 2. USUAL RESIDENCE (Where deceased lived, If inst	
	after the fu	MARYLAND MARYLAND B. COUN	BALTIMORE.
	by the Pages are after a ft	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	te RURAL and give nearest town)
	in I Pour	Ellicott City / YEAR Woodstock	03 d
	24 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Chaffer Nursing Home Old Court Rd.	e. IS RESIDENCE ON A FARM?
	thin tely on pwithi	3. NAME DF // First // Middle Co Last / 4. DATE // Month	Pay Year / 7
	ited within 24 hours completely filled in by we carbon papers. Pagevent, within 72 hours	OECEASED (Type or print) CIARA P. INARR DEATH JAN.	1, 1966
	executed within 24 hours after death, and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours after death.	last birthday)	IFUNDER 1 YEAR IFUNDER 24 HRS Months Days Hours Min.
	e be execul	TEMPLE WIDOWED DIVORCED JULY 7 1884 82 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)	1 12. CITIZEN OF WHAT
	physician n please val, and in	during most of working life, even if retired) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
	phy phy wal,	13. FATHER'S NAME	
	certificat Iding phy Then p removal,	John Rittase Leah Sellers	
	ath certif attending rmit. The 1, or remo	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (Ifyes give war or dates of service) 219-03-0972 MP (AFFALLE MAPP) - (1)	1 11 1 41
	des the a	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	loodstock, Wa.
	that the death cician. ned by the attend Il-transit permit.	PART I. DEATH WAS CAUSED BY: CEREBIAL VASCULAR ALCIACION - 445	INTERVAL BETWEEN ONSET AND DEATH
	requires that Iding physician been signed the the burial-trar or to burial, cr	1 4431 DUE TO A/ WINTER ON ON ALL MANAGERO	Va Menic
	uires g phy en si bur bur	Conditions, If any, which gave rise to Immediate	10 Juns
	Page 4 may be retained by the hospital or attending physician. Funeral or attending physician. Funeral or attending physician. Funeral or attending physician. Funeral or attending physician by the attending physician, page 3 should be detached for use as the burial-transit permit. Then ple should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the state Dept.	cause (a), stating the underlying cause last. DUE TO MULLIOSCULOPUE HEART DISEASE.	16 years
	N: The law rectal or attending inficate has be for use as the Health prior to		PART 1(a) 119. WAS AUTDPSY PERFORMED?
	The all or use o	FICA	YES ND
	PHYSICIAN: The the hospital or a this certificate detached for us e Dept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F 2Da. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	Item 18.)
	PHYSICI the host this ce detache e Dept.		(County) (State)
	ING PH) I by the After the be det State D	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4	
	ENOIN ined to R. Aff build b	21. I certify that (I) (this hospital) attended the deceased from MAY , 1947, to ///	, 1962, that (I) (we) las
	r ATTEN r retaine ECTOR: 3 shoul with th		and on the date stated above
	AL OR ATTENDING F ay be retained by t L OIRECTOR. After page 3 should be filed with the State	22a. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. MED. STAFF	22b. DATE SIGNED
	TAL may	M.D. PHYS. DIRECTOR PHYS. L	-Keel 9
	O HOSPITAL Page 4 may O FUNERAL director, pa	170119113 E WHEELER 110. 360/ Cupmay ra	Datoto /
	FOR HOSPITAL Page 4 mai ro FUNERAL director, page should be fi	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City, to	wn or county) (State)
	P	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
	VR AIS (4)	Harry W. Harsht Saykesvelle, Md. DATE JAN 10 1967	Icharles Judge
	20M 1/65		**





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceasad lived, If institution: Residence before edmission) a. COUNTY b. COUNTY HOWARD MARYTAND HOWARD 幸 7 年 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) ETT TOO THE CONTROL OF THE PROPERTY TOWN ELLICOTT CITY MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? BOX 413 TAYLOR MANOR HOSPITAL YES NO 3. NAME OF Middle Last 4. DATE Month DECEASED LAWRENCE (Type or print) ALBERT SMATITWOOD JANUARY 19 67 DEATH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) pue Months MALE Hours MARCH 18, 1908 WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RETTREDCatonsville, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RAYMOND G. SMALLWOOD Mary Robertson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Box 413 (Yas, no, or unkown) | (Ifyesgivawarordatesofsarvice) Mrs. Sarah Smallwood, Ellicott Citx 10/3 BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Thrombosis 1 days IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava rise to immedieta cause DUE TO (a), stating the underlying Cerebral Arteriosclerosis unknown cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY GENTIFICATION PERFORMED? Chronic Brain Syndrome with cerebral vascular disease with psychotic NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18. OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, straet, office bidg., etc. Not While While Hour a.m. et work et work ATTENDING SIGNATUR 22b. DATE Magness JANNARY 20, DIRECTOR PHYS. 22d. ADDRESS (Type) TAYLOR MANOR HOSPITAL, ELLICOTT CITY, MO filed v 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 후조 0 Roseland 1-22-1967 Reedville, Va Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 Jones and Ash, Rainswood, Va.

MARYLAND STATE DEPARTMENT OF HEALTH

34899 and the second of the second o 212-05-7291 the Sarah Sanlinopi, Sillent Miller September Minguess Verticality I man . The bound of an amend the second 00815 BO . HER TENEDON The transfer of the second of THE RESERVE OF THE PARTY OF THE autoria principalità qualità della propositione della propositione della propositione della propositione della

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	00816
EALTH DEPT.	1. PLACE OF DEATH

in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 haurs after death. If

necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's

TO DEPUTY MEDICAL EXAMINER:

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

Office glang with form PM3. Page

pages Fand With the State Department of

Health or its designated agent, prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

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1.	PLACE OF DEATH					SUAL RESIDENCE	(Where deced					on)
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	. FATHER'S NAME		1			MOTHER'S MAIDE						
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IS	WAS DECEASED EV	FRINIIS ARMED FORCE	(2) 114 (SOCIAL SECURITY NO.	17. INFOR	MAN(WIIO)	465-69	737	Address	0		
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CERTIFICATION												NO
TIFIC	20o. EXTERNAL CA		20b. DES	SCRIBE HOW INJURY OF	CURRED. (Enter	noture of injury i	in Port I or Po	rt II of item	18.)			
	PRIMARYX or CO CAUSE OF DEATH.	NIKIBUTING [D	river in a	uto-tru	ck col1	ision.					
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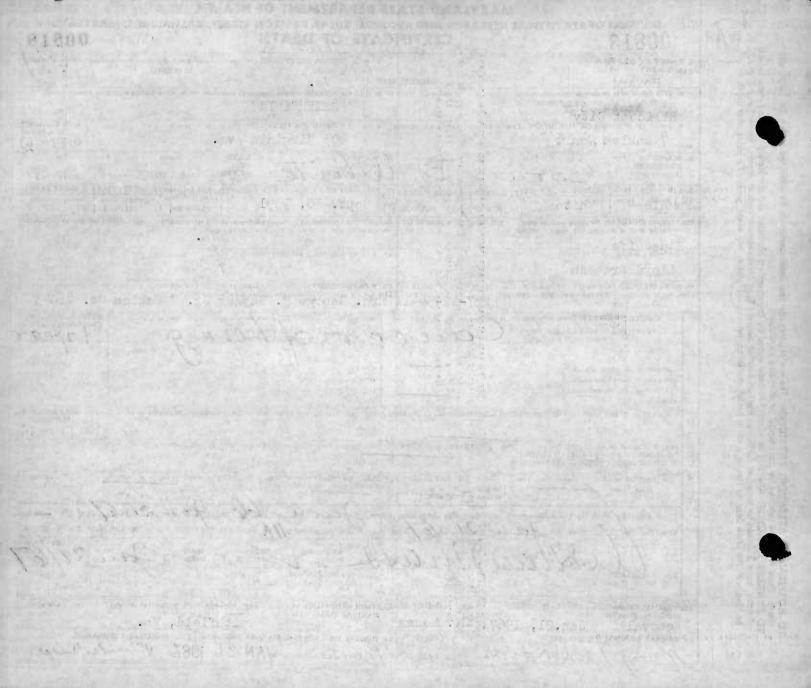
RTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY a. STATE b. COUNTY the 1 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely NAME OF Middle DAT Month Year DECEASED Of (Type or print) DEATH 196 and cor withi S. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH ASEAIN yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. last birthday) Months Hours WIDOWED DIVORCED (YIS physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? (County & Stete, or foreign country) done during most of working life, even if retired) comman please 13. VATHER'S NAME 14. MOTHER'S MAIDEN NAM Then, please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT requires that the (Yes, no, or unkown) | (Ifyes give war or detes of service) 0 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERNAL BETWEEN AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e DUE TO GENERAL 12E Conditions, il eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY as PERFORMED? NO use 200. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stete) factory, straet, office bldg., atc. While Not While Hour e.m. et work et work 19 p.m. 19 (. / that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on., 22a. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. death. Page 4
death. Page 4
TO FUNERAL
director, page 3
be filed with th PHYS. M.D 22c. PHYSICIAN 22d. ADDRESS NAME (Dipe) 23d. LOCATION (City, fown 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE THEREOF (State) or county) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATE

MARYLAND STATE

MARCHARDIAL INFARCTION 84 GENERAL TREE MATERIAL CLUETERS PROMEHITE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00818 00818 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND Howard Va. c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b - write, PIID AI and give pigarest town) Smithfield Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 403 Virginia Ave. Oaklea Court YES NO . completely 3. NAME OF 4. DATE Month Day Year DECEASED 07 DEATH January (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1890 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH and lest birthday) Months Hours Min. Sept. 30./1/891 White Female WIDOWED! DIVORCED 10s. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or loreign country) done during most of working life, even if retired) Va. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Llovd Breeden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service) Mrs. George H. Snyder Jr. 7 Oaklea Ct. 21043 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate causa DUE TO (a), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY TION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 201. (City or town) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) Not While While Hour e.m. at work ar work p.m. 1962 that (1) (last 21. I certify that (I) (this hospital) attended the deceased from... C plnods from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22e. SIGNATUR STAFF ATTENDING DIRECTOR PHYS. PHYS FUNERAL 22c. PHISIPIANS 22d. ADDRESS ST. JO IN'S LANE NAME (Type) filed \ 23d LOCATION (City Apwn or county) (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) St. Lukes Smithfield, Va. 0 Removal 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Clisales Judge 15M 7-62

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Howard and completely filled in by the fremove carbon papers. Pages 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Yrs. Baltimore icott UITY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Shaffer's Convalescent Retreat Ashburton NO -YES executed within 3. NAME OF First Month Middle Last OATE Day Year DECEASED (Type or print) Laura Willis DEATH Jan. 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR IF UNOER 24 HRS 8. 9. 7. MARRIEO NEVER MARRIED last birthday) | Months | Days Hours Female White WIOOWED F DIVORCED I 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ξ 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? nding physicia Then please removal, and Somerset Elec.Co. atron . A . 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME this certificate has been signed by the attending detached for use as the burial-transit permit. The EDept. of Health prior to burial, cremation, or remover Peter Michael Fogle J. Troutman Laura 15. WAS OECEASEO EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) en Mrs.Albert P. Backhaus 770 CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH that the PART I, DEATH WAS CAUSED BY PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? NO Z YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While J FUNERAL DIRECTOR: After director, page 3 should be cloud be filed with the State be retained by ATTENDING p.m. at work at work 21. I certify that (I) this hospital) attended the deceased from and that death occurred at 12:52M, from the causes and on the date stated above saw the deceased alive on DATE SIGNEO STGNATURE 22a. ATTENDING PHYS. MED. DIRECTOR STAFF M.D. PHYS. Page 4 may PHYSICIAN'S ADDRESS 22c. NAME (Type) Thomas F. Herbert. Church Road, Ellicott BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Nr. Ellerslie. Comp's Church Cemeter uria REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** ADDRESS 25a. REC'D BY REGISTRAR 25b. Strong 3207 W. North Ave., VR A15 (4) 15M 4-64

